

(573) 526-9938 TDD 1-800-735-2966 SALES/USE TAX PROTEST PAYMENT AFFIDAVIT THIS FORM IS TO BE USED FOR FILING A SALES OR USE TAX PROTEST PAYMENT IN ACCORDANCE WITH SALES TAX REGULATION 12 CSR 10-3.552 OR SECTION 144.700, RSMo, RETURN TWO COMPLETED COPIES TO DIVISION OF TAXATION AND COLLECTION, P.O. BOX 3350, JEFFERSON CITY, MO 65105-3350. A PROTEST CLAIM IS BEING PRESENTED BY: FIRM NAME MAILING ADDRESS MISSOURI TAX I.D. NUMBER CITY, STATE, ZIP CODE TOTAL SUM PERIOD DOLLARS (\$ THE AMOUNT HAS BEEN DETERMINED TO BE: (NOTE: A COMPLETE BREAKDOWN OF EACH SPECIFIC TAX MUST BE MADE.) **TAX TYPE** TAX RATE **AMOUNT** STATE 3% CONSERVATION 1/8% **EDUCATION** 1% PARKS/SOIL 1/10% **TOTAL** PROTESTED FOR THE FOLLOWING REASONS: I SWEAR OR AFFIRM THAT THE INFORMATION REPORTED IN THIS FORM AND ANY ATTACHED SUPPLEMENTS IS TRUE AND CORRECT AS TO EVERY MATERIAL MATTER. SIGNATURE OF TAXPAYER OR AGENT NOTE: SALES TAX REGULATION 12 CSR 10-3.552 OR SECTION 144.700.3, RSMo, MUST BE COMPLIED WITH OR THE PROTEST PAYMENT WILL BE DEPOSITED TO GENERAL REVENUE. NOTARY PUBLIC EMBOSSER SEAL STATE COUNTY (OR CITY OF ST. LOUIS) SUBSCRIBED AND SWORN BEFORE ME, THIS USE RUBBER STAMP IN CLEAR AREA BELOW. DAY OF 20 NOTARY PUBLIC SIGNATURE MY COMMISSION NOTARY PUBLIC NAME (TYPED OR PRINTED)

BUREAU USE ONLY

DISPOSITION REASON DATE